



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373
ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____ **Control Number: 3028898**
2. Premise No. 208 Street Name PRESIDENT STREET Borough Brooklyn Zip 11231
3. AKA _____ Type of Facility Residence BIN 3004769 Block 00350 Lot 0020
4. Building Owner SS BRIDGING & SCAFFOLDING Address 95 POWELL STREET
5. City BROOKLYN State NY Zip 11222 Contact Person DENNIS CLARKE
6. Tel. # (347) 457-6822 Fax # _____ Email _____

7. Description of the Entire Scope of Work
INSTALLATION OF PIPE SCAFFOLD AS PER PLANS. NO CHANGE IN USE, EGRESS OR OCCUPANCY UNDER THIS APPLICATION.

8. I, VICTOR ALONSO, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
06/14/2012 in accordance

Date(s)

with Sections 1-16 and 1-28 of the NYC DEP Asbestos Control Program Rules and declare that at said facility address, the

- ☐ a. portion(s) of the premises affected by the work is free of asbestos containing material (ACM).
☒ b. premise (or portions thereof) affected by the work contains 10 square feet or less or 25 linear feet or less of ACM.
Specify locations in section 9: Note: This material must be abated as a minor project in accordance with relevant provisions of the DEP Asbestos Rules.
☐ c. asbestos is present and will not be disturbed during construction activity. Specify the quantity and area where asbestos is present. Specify amount: _____ sq. ft _____ linear ft.
Specify locations (attach additional documents as necessary): _____

- ☐ d. entire building is free of asbestos containing material (ACM).

9. RESULTS OF ASBESTOS BUILDING SURVEY:

FLOOR	DESCRIBE SECTION OF FLOOR	ALL MATERIALS ASSUMED TO CONTAIN ACM AND/OR SAMPLED	NUMBER OF SAMPLES ANALYZED	ASBESTOS PRESENT	ASSUMED ACM
1 THRU 4	1 THRU 4 PIPE SCAFFOLD INSTALLATION ONLY.	BRICK ASSUME ACM LESS THAN 10SF PIPE SCAFFOLD INSTALLATION ONLY. REMEDIAL REPAIR MUST BE FILLED UNDER SEPARATED APPLICATION.	0	Yes	Yes

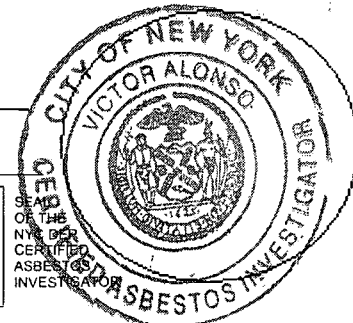
10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
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I hereby declare the information provided herein is true and complete

VICTOR ALONSO 6/15/2012 113370 2/25/2013
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date
Tel. # (718) 716-8700 Fax # (718) 716-7669 Email aloneng@optimum.net

The investigator shall assume that some or all of the areas investigated contain ACM, and for each area that is not assumed to contain ACM, collect and submit for analysis bulk samples in accordance with §§ 1-36, 1-37, and 1-44 of the DEP Asbestos Rules and EPA publications 560/5-85-024 and 560/5-85-030a and 40 CFR 763.86.



6/15/2012 9:13:50 AM